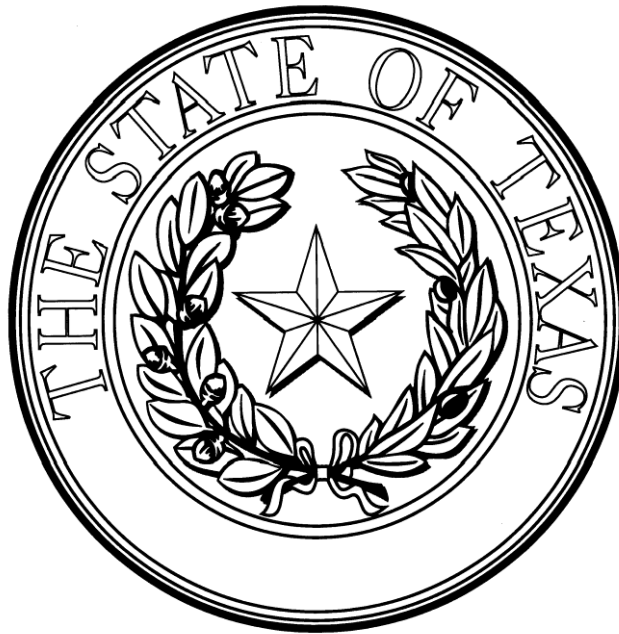


2014
Texas Capital Fund
Real Estate/Infrastructure Programs
Short Form Application



Texas Department of Agriculture
1700 N. Congress
P.O. Box 12847
Austin, Texas 78711

TO: Non-Entitlement City & County Governments (Applicant)

FROM: Texas Department of Agriculture (TDA)

SUBJECT: Application for the Texas Capital Fund Infrastructure Improvements & Real Estate Development Programs – Program Year 2013

Thank you for your interest in the Texas Capital Fund (TCF). TCF was created to improve the Texas economy by encouraging business development, retention, or expansion. These goals are accomplished by providing infrastructure grants, real estate development funds, and main street/downtown improvement funds to qualified applicants.

This document provides the procedures and forms for preparing a Short Form Application. Also, forms may be obtained through e-mail. Please refer to the Guidelines for comprehensive information pertaining to the Texas Capital Fund. **All Short Form Applications and required documentation are due to the Department by 5:00 PM on the 20th of the month, or the next business day if the 20th is not a regular business day. Late applications or applications with missing documentation will be held for re-submission the following month.** The completed Short Form Application and any requests for additional information should be addressed to:

Texas Capital Fund
Office of Rural Affairs
Texas Department of Agriculture
1700 N. Congress
Stephen F. Austin Bldg., Rm. 220
Austin, Texas 78701

FAX (888) 216-9867
E-mail: Chris.Reynolds@TexasAgriculture.gov
Website: <http://www.TexasAgriculture.gov>

TDD/ITT 1-800-735-2988. The Texas Department of Agriculture is an equal opportunity employer/program. Auxiliary aids and services will be made available upon request to individuals with disabilities.

Application/Review checklist for Texas Capital Fund Infrastructure & Real Estate Development Programs

The following items **must** be included in the application in the order in which they are listed, and **all documents must be originals**. Only one complete application should be submitted in a three-ring binder with tabs identifying each section. **All documentation must be placed in the appropriate section. Failure to comply may result in loss of application points, unnecessary delay of evaluation of the application and/or a more extensive deficiency letter.**

If the application is found to be substantially incomplete it will be denied without further consideration. Scores are reviewed and finalized based on information contained in the application. Applications, information and/or documentation received after the 20th of each month will not be considered for scoring purposes until the end of the following month. Applications identified by the Texas Department of Agriculture as in the funding range will be given 30 calendar days to provide additional project details, business & personal financial information, business information, maps, cost estimates, public notices, applicant representations & certification, etc. before the evaluation process may continue. Failure to provide the requested documentation or to respond to deficiency requests may result in an application being **denied**.

Applicants will be required to complete and provide the Public Hearing process documentation, an applicant resolution supporting the application/project, certifications, etc. if determined to be in the funding range.

^a indicates information that is generally prepared/submitted by the applicant & the business(es)

^b indicates information that is generally prepared/submitted by the business(es)

^c indicates information that is generally prepared/submitted by the applicant

| For Department Use Only | <p style="text-align: center;">TEXAS CAPITAL FUND (All pages referenced are in the Application unless otherwise noted)</p> <p style="text-align: center;">Application Contents</p> | | Applicant Use |
|----------------------------|--|--|---|
| | | | Initial if complete NA if not applicable |
| Complete Incomplete | | | |

Presentation of Application ^c

| | | |
|--|--|--|
| | 1. Originals only | |
| | 2. Application presented in a three-ring binder with divider tabs | |
| | 3. The following documentation must be placed in the immediate front of the binder: | |
| | a. Application/Review checklist executed by business and applicant | |
| | b. Score Sheet | |
| | c. All documentation to support the score you claim in each category | |

Section A - Application & Project Information ^a

| | | |
|--|--|--|
| | 1. Applicant & Business Information – see pages 6 thru 9 | |
| | 2. Project Information – see pages 10-11 | |

Section B - Employment Forms/Letters ^b

Must be provided by each business in “multiple business” applications.

| | | |
|--|---|--|
| | 1. Job commitment letter (creation and/or retention) from business(es) | |
| | 2. Please provide a completed <i>Employment Projections Form</i> – see page 12 and Appendix A | |
| | 3. Documentation to support job retention – see <i>Section 1, Guidelines, pg. 13</i> | |

Section C - Sources and Uses and Budget Justifications ^a

| | | |
|--|--|--|
| | 1. <i>Sources and Uses of Funds Form</i> – see page 13 | |
| | 2. Area Map , drawn to scale, showing project location site in community (<i>Guidelines, pg. 24-25</i>) | |
| | 3. Business Financial Commitment Letter (<i>Guidelines pg. 24-25</i>) All businesses. | |
| | 4. Business Verification of Deposit(s) (see page 14 & <i>Guidelines, pg. 28</i>) All businesses. | |
| | 5. Lender Commitment Letter | |
| | 6. Other Financial Commitment Letter/Resolution | |
| | 7. Other verification of Deposit(s) | |
| | 8. Letter From Applicant – Provide a letter addressing the inability to fund the project citing specific reasons. | |

| | | |
|--|---|---|
| For Department Use Only Complete Incomplete | TEXAS CAPITAL FUND (All pages referenced are in the Application unless otherwise noted) | Applicant Use |
| | Application Contents | Initial if complete NA if not applicable |

Section D - Business Plan Executive Summary^b –

Must be provided by each business in “multiple business” applications.

Please have the business provide a brief overview of the following business plan topics. This should consist of no more than 2-5 pages of information.

| | | | |
|--|--|--|--|
| | | 1. Business Basic Information (include information on legal structure, owners, history of business, locations, etc.) | |
| | | 2. Products and/or Services (describe products/services originating at this location and company wide. | |
| | | 3. Market (include information on product demand, total market, target market, the niche of the business, etc.) | |
| | | 4. Operations (include information on location, physical facility, labor, suppliers, regulatory requirements, etc.) | |
| | | 5. Marketing (include information on how the business intends to market product, promotions, advertising, distribution channels, customer conveniences, etc.) | |
| | | 6. Management Experience/History and Organization Chart | |
| | | 7. Description of Proposed TCF Project | |

The applicant and business(es), by and through their agents’ signatures below: (1) certify that all information provided in connection with this application at any time is true and correct to the best of their knowledge; (2) acknowledge that any misrepresentation or false statement made in connection with this application, whether intentional or not, will constitute grounds for denial, pursuant to this application and/or assessment of monetary administrative penalties. If signed by an agent (including employee) of the applicant or business(es), the person signing certifies that he or she is authorized to make the preceding certifications.

City/County

| |
|------------------------|
| Typed or Printed Name |
| Signature |
| Local Government Title |
| Date |

Business(es)

| |
|-----------------------|
| Typed or Printed Name |
| Signature |
| Business Title |
| Date |

Business(es)

| |
|-----------------------|
| Typed or Printed Name |
| Signature |
| Business Title |
| Date |

| |
|-----------------------|
| Typed or Printed Name |
| Signature |
| Business Title |
| Date |

2014 Texas Capital Fund Application Scores

Name of Applicant _____

PLACE SUPPORT DOCUMENTATION IMMEDIATELY BEHIND THIS FORM. Support documentation must be submitted for verification purposes, otherwise the category will be scored 0.

| Community Distress/Need (Max 40 Points) | Score | | | | | | | | | | | | |
|---|---|--------------------|--|----------------------------------|----------------------|---|------------------------|---|---|----------------|----------------|--|--|
| Unemployment Rate: Applicant's most recently available quarterly (most recent 3 months averaged) county rate. Score 5 points if this figure meets or exceeds the state average for the same time frame. (Maximum 5 points) | | | | | | | | | | | | | |
| Poverty Rate: Applicant's annual county poverty rate for individuals (from the most recent American Community Survey (5-yr Estimates) is _____. Score 5 points if this figure meets or exceeds the state average. Score 10 points if this figure exceeds 15% of the state average. (Maximum 10 points) | | | | | | | | | | | | | |
| Awarded Contracts: Score 10 points if the community has been awarded zero TCF contracts in the current or the preceding 2 calendar years. | | | | | | | | | | | | | |
| Community Size: Points are awarded to applying small cities and counties using the most recent decennial Census information. For <u>cities</u> : score 5 points if the city is located in a county with a population of 35,000 or less; and score 5 additional points if the population of the city is less than 5,000. For <u>counties</u> : score 5 points if the county population is less than 35,000 and score 5 additional points if the county population is less than 15,000. Community population figures are net of the population held in adult/juvenile correctional institutions. (Maximum 10 points) | | | | | | | | | | | | | |
| Per Capita Income: Award 5 points to applicants that have a per capita income level below the state average using the most recent available American Community Survey (5-yr Estimates) information. (Maximum 5 points) | | | | | | | | | | | | | |
| Jobs (Max 35 points) | | | | | | | | | | | | | |
| Job Impact: Business's (all businesses combined) job commitment, created &/or retained, ____ divided by applicant's most recent decennial Census population _____ = job impact ratio _____. Score 5 points if this figure exceeds .00485; score 10 points if this figure exceeds .00969 and score 15 points if this figure exceeds .01455. (Maximum 15 points) | | | | | | | | | | | | | |
| Cost per job: The total amount of the (requested) TCF award is \$ _____, including administration, divided by the total number of jobs created/retained by all businesses ____ = Applicant's cost per job \$ _____. Score 10 points if the cost per job is less than \$15,000; and score 5 points if the cost per job is less than \$20,000. (Maximum 10 points) | | | | | | | | | | | | | |
| Wage Impact: Awarded by taking the business's average weekly wage commitment, for all jobs proposed to be created and retained, and dividing by applicant's most recent county, quarterly, private sector average weekly wage. Score 5 points if this figure exceeds 0.50 and score 10 points if this figure exceeds 0.60. (Maximum 10 points) | | | | | | | | | | | | | |
| Economic Emphasis (Max 25 points) | | | | | | | | | | | | | |
| <p>Primary Jobs: Awarded if the jobs to be created/retained are, or will be employed by a benefiting businesses with the following primary NAICS codes. This is based on the code reported on the business' Texas Workforce Commission (TWC) Quarterly Contribution Report Form C-3, their Business IRS tax return, documentation from the Texas Comptroller of Public Accounts containing the business's tax identification number, or other documentation from the TWC. In a multi-business application, the major employer's NAICS code determines the eligible points.</p> <p>20 points for NAICS category 31-33 Manufacturing 15 points for the following NAICS categories:</p> <table border="0"> <tr> <td>111 Crop Production</td> <td>42 Wholesale Trade</td> </tr> <tr> <td>112 Animal, milk, poultry & egg production</td> <td>48-49 Transportation/Warehousing</td> </tr> <tr> <td>113 Forestry/Logging</td> <td>51 Information (excluding 512-theaters)</td> </tr> <tr> <td>114 Commercial Fishing</td> <td>5182 Data Processing, Hosting, & Related Services</td> </tr> <tr> <td>115 Support Activities-Agriculture/Forestry</td> <td>62 Health Care</td> </tr> <tr> <td>211-213 Mining</td> <td></td> </tr> </table> <p>5 points for projects involving non-primary jobs, when the business offers a choice of medical and prescription drug benefits to employees, including coverage for the family (Applicants may not receive points for both the NAICS code and health coverage)</p> | 111 Crop Production | 42 Wholesale Trade | 112 Animal, milk, poultry & egg production | 48-49 Transportation/Warehousing | 113 Forestry/Logging | 51 Information (excluding 512-theaters) | 114 Commercial Fishing | 5182 Data Processing, Hosting, & Related Services | 115 Support Activities-Agriculture/Forestry | 62 Health Care | 211-213 Mining | | |
| 111 Crop Production | 42 Wholesale Trade | | | | | | | | | | | | |
| 112 Animal, milk, poultry & egg production | 48-49 Transportation/Warehousing | | | | | | | | | | | | |
| 113 Forestry/Logging | 51 Information (excluding 512-theaters) | | | | | | | | | | | | |
| 114 Commercial Fishing | 5182 Data Processing, Hosting, & Related Services | | | | | | | | | | | | |
| 115 Support Activities-Agriculture/Forestry | 62 Health Care | | | | | | | | | | | | |
| 211-213 Mining | | | | | | | | | | | | | |
| Small/HUB Businesses: Score 5 points if each benefiting business, in a "multiple business" application, employs less than 100 people OR has been certified by the Texas Building and Procurement Commission (TBPC) as a Historically Underutilized Business (HUB). Provide current employee count for any/all locations combined and related businesses _____. (Max 5 points) | | | | | | | | | | | | | |
| TOTAL SCORE | | | | | | | | | | | | | |

Details for the individual score categories and resources may be found on pages 26-28 in the Guidelines.

APPLICATION INFORMATION FORM

TRACKING #

| | | | | |
|--|---|---|---|-----------|
| SECTION A | APPLICANT INFORMATION | | | |
| | Locality Name | | | |
| | Locality's DUNS #: | | 11 Digit Texas Tax I.D. #: | |
| | PHYSICAL ADDRESS | | | |
| | Address (No P.O. Box) | | | |
| | City | State | Zip | County |
| | MAILING ADDRESS | | | |
| | P.O. Box | | | |
| | City | State | Zip | County |
| | Fiscal Year End | Short Description of Project: (Required) | | |
| Type of Project | | | | |
| Infrastructure <input type="checkbox"/> Real Estate <input type="checkbox"/> Infrastructure and Real Estate <input type="checkbox"/> | | | | |
| SECTION B | CHIEF ELECTED OFFICIAL | | | |
| | <input type="checkbox"/> Mayor. <input type="checkbox"/> Judge | First Name | M. I. | Last Name |
| | | | Primary Phone (Required) () - Ext. | |
| | Secondary Phone (Required) () - Ext. | | Fax (optional) () - Ext. | |
| | Date of term expiration | | | |
| | E-mail address (Required) | | Would you prefer to be contacted by E-mail? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | MAILING ADDRESS | | | |
| | Address | | | |
| | City | State | Zip | County |

| | | | | |
|-----------|--|------------|---|-----------|
| SECTION C | LOCALITY | | | |
| | <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> ____ | First Name | M. I. | Last Name |
| | Title | | Primary Phone () - Ext. | |
| | Secondary Phone (optional) () - Ext. | | Fax (optional) () - Ext. | |
| | E-mail | | Would you prefer to be contacted by E-mail? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| SECTION D | MAILING ADDRESS | | | |
| | Address | | | |
| | City | State | Zip | County |
| | FINANCE DIRECTOR | | | |
| | <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> ____ | First Name | M. I. | Last Name |
| SECTION E | Title: | | Primary Phone () - Ext. | |
| | Company name : | | | |
| | Secondary Phone (optional) () - Ext. | | Fax (optional) () - Ext. | |
| | E-mail | | Would you prefer to be contacted by E-mail? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | MAILING ADDRESS | | | |
| SECTION E | MAILING ADDRESS | | | |
| | Address | | | |
| | City | State | Zip | County |
| | APPLICATION PREPARER | | | |
| | <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> ____ | First Name | M. I. | Last Name |
| SECTION E | Title | | Primary Phone () - Ext. | |
| | Secondary Phone (optional) () - Ext. | | Fax (optional) () - Ext. | |
| | E-mail | | Would you prefer to be contacted by E-mail? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | MAILING ADDRESS | | | |
| | Address | | | |
| SECTION E | City | State | Zip | County |

| LEGISLATIVE NOTIFICATION INFORMATION (DISTRICT NUMBERS) | | |
|---|-------------------------------------|----------------|
| SECTION F | U. S. Representative | District # |
| | Telephone numbers: Washington Ofc.- | Regional Ofc.- |
| | State Senator | |
| | Telephone numbers: Austin Ofc.- | Regional Ofc.- |
| | State Representative | |
| | Telephone numbers: Austin Ofc.- | Regional Ofc.- |
| | State Representative | |
| | Telephone numbers: Austin Ofc.- | Regional Ofc.- |
| | State Representative | |
| | Telephone numbers: Austin Ofc.- | Regional Ofc.- |
| | State Representative | |
| | Telephone numbers: Austin Ofc.- | Regional Ofc.- |

Complete one page for each business in a “multiple business” application.

| | | | | | |
|-------------------------------|--|------------------------|---|-------------------------------------|-----------|
| SECTION G | BUSINESS TYPE | | | | |
| | Please provide the following information on all the Operating Businesses that will create/retain jobs and meet the LMI goals for this Texas Capital Fund project. | | | | |
| | Is the operating business: <input type="checkbox"/> Existing <input type="checkbox"/> To be established . When? _____ | | | | |
| | <input type="checkbox"/> Corporation | | <input type="checkbox"/> Limited Liability Co. | | |
| | <input type="checkbox"/> Limited Partnership | | <input type="checkbox"/> General Partnership | | |
| | <input type="checkbox"/> Sole Proprietorship | | | | |
| | Type of Business: | | | Primary NAICS/SIC code of business: | |
| | BUSINESS INFORMATION | | | | |
| | Full legal business name (owner’s name if sole proprietor – no aliases) | | | | |
| | D.B.A. (if applicable) | | | | |
| Federal Taxpayer ID No. | | DUNS Number (required) | | | |
| Physical Location of Project: | | | | | |
| Census Tract: Block Group: | | | | | |
| SECTION H | PERSON TO CONTACT (Business) | | | | |
| | <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> ____ | | First Name | M. I. | Last Name |
| | Title | | Primary Phone () - Ext. | | |
| | Secondary Phone (optional) () - Ext. | | Fax (optional) () - Ext. | | |
| | E-mail | | Would you prefer to be contacted by E-mail? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| SECTION I | MAILING ADDRESS | | | | |
| | Address | | | | |
| | City | | State | Zip | County |
| SECTION J | JOB CREATION INFORMATION | | | | |
| | Total number of jobs to be created | | | | |
| | Total number of jobs to be retained | | | | |
| | Total number of Low and Moderate Income jobs to be created | | | | |
| | Total number of Low and Moderate Income jobs to be retained | | | | |

PROJECT INFORMATION

Fill in the blanks and provide extra sheets where necessary.

1. Will the assistance requested have any negative impact(s) or effect(s) on the environment?

Yes _____ No _____ Provide a brief description of potential environmental problems, if any.

Note: All applicants and businesses funded by TCF will have to comply with federal regulations regarding environmental clearance prior to spending TCF funds, as outlined on the *Sources and Uses of Funds* form. See requirements and exceptions under environmental review in the program guidelines.

2. Will the assistance requested cause the displacement of individuals, families, businesses, or farms?

Yes _____ No _____ Number of: Individuals: _____
Families: _____
Businesses: _____
Farms: _____

3. Are you or your business(es) involved in any pending lawsuits?

Yes _____ No _____ If yes, provide an explanation.

4. Has the business(es) or principal(s) included in this project ever been involved in bankruptcy or insolvency proceedings? If yes, identify the specific business and or principal(s).

| | | | |
|------------|-----------|----------|------------|
| Chapter 7 | Yes _____ | No _____ | Date _____ |
| Chapter 11 | Yes _____ | No _____ | Date _____ |
| Chapter 13 | Yes _____ | No _____ | Date _____ |
| Other | Yes _____ | No _____ | Date _____ |

Note: Generally, business and/or principal bankruptcy disqualifies a project; on a case-by-case basis extenuating circumstances will be evaluated. Provide a detailed explanation and a description of the current legal status, including the cause number and court.

5. Will this project assist "brownfields" being redeveloped?

6. Has the business previously received assistance from the Community Development Block Grant program (in this state or any other state)?

Yes _____ No _____ If yes, provide an explanation to include when, where, amount, purpose/use of funds, and contact information.

7. Is there sufficient other infrastructure (except as requested in this application) to support this project?

Yes _____ No _____

8. Discuss any existing or proposed financial incentives (i.e. tax abatement) being provided/offered by local government to the business.

9. Is the applicant located in a designated Texas Water Development Board, Economically Distressed Areas Program (EDAP) County?

Yes _____ No _____

If yes, has the applicant adopted the Model Subdivision Rules? If yes, when?

Yes _____ No _____

10. Does this project involve a relocation of any kind?

Yes _____ No _____

If yes, please explain the details of the relocation: (see **Relocating Projects** in the *Guidelines, Section 1, pg. 16*)

11. Will any additional business(es) benefit from or access the proposed infrastructure improvements?

Yes _____ No _____

If yes, please list the business(es) which will benefit from the proposed improvements. Also, please identify this business(es) on a map in relation to the infrastructure improvements. If any business(es) will be benefiting from the proposed improvements to be paid by TCF, the one (1) year tap-in requirement may apply. See *Tap-In Requirement, Guidelines, pg. 31* for more details.

12. Is the business a Historically Underutilized Business?

Yes _____ No _____

If yes, business must attach the *Texas Building and Procurement Commission* certification.

13. Do(es) the business(es) being assisted provide a product or service to the neighborhood or community?

Yes _____ No _____

14. Does this project involve building rehabilitation? If yes, how many?

15. Will any of the proposed improvements be located on a TxDOT controlled highway, road, or right away?

Yes _____ No _____

Applicant Minority Hiring Information

Provide information on the current status of minority hiring within your city/county as follows and insert into the appropriate area of the application.

| Total Population | Minority Population | % Minority Population |
|----------------------------|-------------------------------------|-----------------------|
| | | |
| Applicant Employment Level | Applicant Minority Employment Level | % Minority Population |
| | | |

Employment Projections Form

Applicant Name

Business Name

BUSINESS INFORMATION

1. Number of current employees (excluding principals)

2. Please describe the **CURRENT** jobs this activity will **retain**

| | JOB CATEGORY / GROUP (see Appendix E for category definitions) | #F/T | #P/T | AVG ANNUAL WAGE |
|---------|---|------|------|-----------------------|
| A. | Officials and Managers | | | |
| B. | Professionals | | | |
| C. | Technicians | | | |
| D. | Sales | | | |
| E. | Office and Clerical | | | |
| F. | Craft Worker (skilled) | | | |
| G. | Operatives (semi-skilled) | | | |
| H. | Laborers (unskilled) | | | |
| I. | Service Workers | | | |
| TOTALS: | | | | |

3. Please describe the **NEW** jobs this activity will **create**

| | JOB CATEGORY / GROUP (see Appendix E for category definitions) | #F/T | #P/T | AVG ANNUAL WAGE |
|---------|---|------|------|-----------------------|
| A. | Officials and Managers | | | |
| B. | Professionals | | | |
| C. | Technicians | | | |
| D. | Sales | | | |
| E. | Office and Clerical | | | |
| F. | Craft Worker (skilled) | | | |
| G. | Operatives (semi-skilled) | | | |
| H. | Laborers (unskilled) | | | |
| I. | Service Workers | | | |
| TOTALS: | | | | |

4. How was the level of new jobs determined? Please explain in detail.

5. Does the business provide employer sponsored health care? If yes, how many of the created/retained jobs specified above will be covered?

Sources and Uses of Funds

| Name of Assisted Business _____ | | | | Applicant Name _____ | | | | |
|---------------------------------|---------------|-----------------------------|------|----------------------------|------|-------------------------|------|-------|
| Activity | TCF Injection | Private/Corporate Injection | | Private Lender's Injection | | Other Sources Injection | | TOTAL |
| | \$\$ | Source | \$\$ | Source | \$\$ | Source | \$\$ | \$\$ |
| 1. Real Estate | | | | | | | | |
| Acquisition | | | | | | | | |
| Equity | | | | | | | | |
| 2. Engineering | | | | | | | | |
| 3. Infrastructure | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 4. Bldg. Construction | | | | | | | | |
| 5. M&E-Acquisition | | | | | | | | |
| Equity | | | | | | | | |
| 6. Working Capital | | | | | | | | |
| | | | | | | | | |
| 7. Sub-Total | | | | | | | | |
| 8. Administration | | | | | | | | |
| 9. TOTAL | | | | | | | | |

NOTE: All dollar amounts should be rounded to the nearest one hundred dollars (\$100)

The project amounts, both TCF and match, specified above will be used as the basis for the project amounts identified in the award and contract. Frequently, there are costs and/or expenses in addition to those detailed above. Although, this information will not be used in evaluating the application, please let us know approximately how much the project will total: \$_____.

| | | | |
|---|---|-------------------------------------|---|
| TEXAS DEPARTMENT OF AGRICULTURE TEXAS CAPITAL FUND | REQUEST FOR VERIFICATION OF DEPOSIT | | |
| APPLICANT: This information will be used by the Texas Department of Agriculture (TDA) to determine whether you qualify as a prospective beneficiary under the Texas Capital Fund (TCF) Program. | | | |
| INSTRUCTIONS | | | |
| APPLICANT BUSINESS: Complete Items 1, 3, 4, & 5. Forward directly to the Depository Institution named in Item 1. DEPOSITORY: Please complete Items 6 through 11. | | | |
| PART 1 - REQUEST | | | |
| 1. TO (Depository Name and Address) | 1. FROM Texas Capital Fund Texas Department of Agriculture P.O. Box 12847 Austin, Texas 78711 512-936-0273 | | |
| 3. INFORMATION TO BE VERIFIED | | | |
| Type of Account and/or loan | Account/Loan in Name of | Account/Loan Number | Balance |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| DEPOSITORY: I have applied for support under the TCF and stated that the balance on deposit and/or outstanding loans with you are as shown above. You are authorized to verify this information and to supply TDA, identified above, with the information requested in Items 6 through 11. | | | |
| 4. NAME AND ADDRESS OF APPLICANT(S) | 5. SIGNATURE OF APPLICANT(S) | | |
| | | | |
| | | | |
| PART II- VERIFICATION | | | |
| To Be Completed By Depository | | | |
| 6. DEPOSIT ACCOUNTS OF APPLICANT(S) | | | |
| Type of Account | Account Number | Current Balance as of (actual date) | Average Balance for Previous Two Months |
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |
| 7. LOANS OUTSTANDING TO APPLICANT(S) | | | |
| Loan Number | Date of Loan | Original Amount | Current Balance as of |
| | | \$ | \$ |
| | | \$ | \$ |
| | | \$ | \$ |
| | | \$ | \$ |
| | | \$ | \$ |
| 8. ADDITIONAL INFORMATION, WHICH MAY BE OF ASSISTANCE IN DETERMINATION OF CREDIT WORTHINESS. (Please include information on loans paid-in-full as in Item 7 above). | | | |
| 9. Signature of Depository Official | | 10. Title | 11. Date |
| | | | |

Appendix A

Job Category/Group Definitions

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| <p>Officials and Managers - Occupants requiring administrative personnel who set broad policies, exercise overall responsibility of execution of these policies, and individual departments or special phases of a firm's operations. This includes: Officials, Executives, middle management, plant managers and superintendents, salaried supervisors who are members of management, purchasing agents and buyers, and kindred workers.</p> |
| <p>Professional - Occupants requiring either college graduation or experience of such kind and amount as to provide a comparable background includes: accountants and auditors, airplane pilots and navigators, architects, artists chemists, designers, dietitians, editors, engineers, lawyers, librarians, mathematicians, natural scientists, registered professional nurses, professional and labor relations workers, physical scientists, physicians, social scientists, teachers, and kindred workers.</p> |
| <p>Technicians - Occupants requiring a combination of basic scientific knowledge and manual skill which can be obtained through about 2 years of post-high school education such as is offered in many technical institutions and junior colleges, or through equivalent on the job training. This includes: computer programmers and operators, drafters, engineering aides, junior engineers, mathematic aides, licensed practical or vocational nurses, photographers, radio operators, scientific assistants, surveyors, technical illustrators, technicians (medical, dental, electronic, physical science) and kindred workers.</p> |
| <p>Sales - Occupants engaging wholly or primarily in direct selling. This includes: advertising agenda and sales workers; insurance agents and brokers; real estate agents and brokers; sales workers; demonstrators and retail sales workers; and sales clerks, grocery clerks and cashiers; and kindred workers.</p> |
| <p>Office and Clerical - Includes all clerical-type work regardless of level of difficulty, where the activities are predominantly non-manual though some manual work not directly involved with altering or transporting the products is included. This includes: bookkeepers, cashiers, collectors (bills and accounts), messengers and office helpers, office machine operators, shipping and receiving clerks, stenographers, typists, and secretaries, telegraph and telephone operators, and kindred workers.</p> |
| <p>Craft Worker (skilled) - Manual workers of relatively high level having a thorough and comprehensive knowledge of the processes involved in their work. Exercise considerable independent judgment and usually receive an extensive period of training. This includes: the building trades, hourly paid supervisors and lead operators (who are not members of management), mechanic and repairers, skilled machining occupations, compositors and typesetters, electricians, engravers, job setters (metal), motion picture projectionists, pattern and model makers, stationary engineers, tailors, and kindred workers.</p> |
| <p>Operatives (semi-skilled) - Workers who operate machines or other equipment or perform other factory-type duties of intermediate skill level which can be mastered in a few weeks and require only limited training. This includes: apprentices (auto mechanics, plumbers, electricians, machinists, mechanics, building trades, metal working trades, printing trades, etc.), operatives, attendants (auto service and parking), blasters, chauffeurs, delivery workers, dress makers and sewers (except factory), dryer's furnaces workers, heaters (metal), laundry and dry cleaning, operatives, milliners, mine operatives and laborers, motor operators, oilers and greasers (except auto), painters (except construction and maintenance), photographic process workers, boiler tenders, truck and tractor drivers, weavers (textile), welders and flame metals workers, and kindred workers.</p> |
| <p>Laborers (unskilled) - Workers in manual occupations which generally require no special training perform elementary duties that may be learned in a few days and require the application of little or no independent judgment. This includes: garage laborers; car washers and greasers; gardeners (except farm) and ground keepers; stevedores; wood choppers; laborers performing lifting, digging, mixing, loading, and pulling operations; and kindred workers.</p> |
| <p>Service Workers - Workers in both protective and non-protective service occupations. This includes attendants (hospital and other institutions, professional and personal service, including nurses' aides and orderlies), barbers, chair workers and cleaners, cooks (except household), counter and fountain workers, elevator operators, firefighters and fire protection guards, door keepers, stewards, janitors, police officers and detectives, porters, waiters and waitresses, and kindred workers.</p> |